PART B - FEE(S) TRANSMITTAL									
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10	. W	5/			or <u>Fa</u>	<u>1X</u> (703) 746-4000			
INSTRUCTIONS. This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should appropriate the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate maintenance fee notifications.								hould be completed where correspondence address as arate "FEE ADDRESS" for	
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04/1	1/20	05 WABDELR3 00000	078 502518 09128304			Jogelyn L.		(Depositor's name)	
01 F						Jonup	L.le	(Signature)	
02 F(				_		4/4/015		(Date)	
		APPLICATION NO. FILING DATE			FIRST NAMED I	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
0.120,00								2536	
TITLE OF INVENTION: DYNAMICALLY ALTERABLE THREE-DIMENSIONAL GRAPHICAL MODEL OF A BODY REGION									
		APPLN. TYPE	APPLN. TYPE SMALL ENTITY ISSUE		EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	•	nonprovisional YES		\$700		\$0	\$700	04/13/2005	
		EXAMINER		ART UN	IIT	CLASS-SUBCLASS	]		
	•	MANTIS MERCADER, ELENI M 373			,	600-407000			
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
	BOSTON SCIENTIFIC SCIMED, INC. Maple Grove, Minnesota								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity								roup entity Government	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.									
	Publication Fee (No small entity discount permitted)					Payment by credit card. Form PTO-2038 is attached.			
	5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.					The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2518 (enclose an extra copy of this form).			
						☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
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	Authorized Signature  Typed or printed name Michael J. Bolan					Date			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proces an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, a submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 145 Alexandria, Virginia 22313-1450.									

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